

**SENDER: COMPLETE THIS SECTION**

- ☐ Complete items 1, 2, and 3. **DE 23**  
☒ Print your name and address on the reverse  
 Attach this card to the back of the mail piece,  
 or on the front if space permits.

Pepper & Peach, LLC  
 Byron M. Gill  
 Rochelle, McCulloch, & Aulds, PLLC  
 109 N. Castle Heights Avenue  
 Lebanon, TN 37087-2738

9590 9402 1788 6074 2113 31



2. Article Number (Transfer from service label)

7016 3010 0000 4887 2292

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** *MM C-11* ☐ Addl.  
 B. Received by (Printed Name) **MM C-11** C. Date of Delivery **1/25/22**

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

in Clerk's Office

JAN 28 2022

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

☐ Mail Restricted Delivery  
 (over \$500)

Domestic Return Receipt